

MULTIPLE ADENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 007 763375  
FILING DATE  
APPLICA

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2	1		1	
3	1		1	
4	1		1	
5	4		4	
6	4		4	
7	4		4	
8	1		1	
9	1		1	
10	4		4	
11	4		4	
12	4		4	
13	4		4	
14	4		4	
15	4		4	
16	4		4	
17	4		4	
18	4		4	
19	1		1	
20	1		1	
21	4		4	
22	4		4	
23	4		4	
24	4		4	
25	0		0	
26	1		1	?
27	1		1	
28	1		1	
29	1		1	
30	4		4	
31	4		4	
32	4		4	
33	1		1	
34	1		1	
35	4		4	
36	4		4	
37	4		4	
38	4		4	
39	4		4	
40	4		4	
41	1		1	
42	1		1	
43	1		1	
44	1		1	
45	1		1	
46	1		1	
47	1		1	
48	1		1	
49	1		1	
50	0		6	
TOTAL IND.		25		
TOTAL DEP.		160		
TOTAL CLAIMS		185		

IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1		
52	1		1		
53	1		1		
54	1		1		
55	1		1		
56	1		1		
57	1		1		
58	1		1		
59	1		1		
60	1		1		
61				2	
62				2	
63				2	
64				2	
65				2	
66				2	
67				2	
68				2	
69				2	
70				2	
71				2	
72				2	
73				2	
74				2	
75				2	
76				2	
77				2	
78				2	
79				2	
80				2	
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.				1	
TOTAL DEP.				1	
TOTAL CLAIMS				1	

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